

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-976)

SERIAL NO. 09/890,549 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3	4	2	4		
TOTAL DEP.	20	17	17	17		
TOTAL CLAMS	23	19	19	19		

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS